

# THE NATIONAL OPERA CENTER AMERICA

## CONTRIBUTION FORM FOR NATIONAL OPERA CENTER CAMPAIGN and Patricia Scimeca Fund for Emerging Singers

### CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### GIFT INFORMATION

I/We would like to make a: *(check one)*

**One-Time Gift** of \$ \_\_\_\_\_

**Multi-Payment Pledge** of \$ \_\_\_\_\_

**Tribute Panel:** *(select size and indicate inscription below)*

\$10,000: 6" x 24" (Up to four lines of text, with 35 characters per line)

\$5,000: 6" x 18" (Up to four lines of text, with 29 characters per line)

\$2,500: 6" x 12" (Up to four lines of text, with 23 characters per line)

To be paid in \_\_\_\_ (#) installment(s) annually / quarterly / monthly / one-time *(circle one)* of \$ \_\_\_\_\_  
beginning on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *(mm/dd/yyyy)*.

### SPECIAL PURPOSE

Please attribute my/our gift: *(optional; check one)*

In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

To the naming campaign for \_\_\_\_\_

To the Patricia Scimeca Fund for Emerging Singers

### ACKNOWLEDGMENT

I/We would like to be recognized as: *(check one)*

\_\_\_\_\_

Anonymous

